

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	08/977,846
	Filing Date	November 25, 1997
	First Named Inventor	John O. RYAN
	Art Unit	3628
	Examiner Name	I. Borissov
	Attorney Docket Number	549222000101

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 25226

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) | Please explain below: |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.


Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or Assignee Name Donald Bogue
Command Audio Corporation
Address 203 Redwood Shores Parkway, Suite 510
City Redwood City State CA Zip 94065 Country U.S.A.
Telephone 650-252-3777 Email dbogue@commandaudio.com

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 
Name Norman R. Klivans Registration No. 33,003

Address Morrison & Foerster LLP
755 Page Mill Road
City Palo Alto State CA Zip 94304-1018 Country US
Date December 30, 2009 Telephone No. (650) 813-5850

NOTE: Withdrawal is effective when approved rather than when received.